2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Mar 19, 2007 08:00 AM Secretary of State DOCUMENT # L05000107584 BABIN CONSTRUCTION LLC Principal Place of Business Mailing Address 27 NIMROD CIR 27 NIMROD CIR NICEVILLE, FL 32578 NICEVILLE, FL 32578 US 01272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3753467 \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BABIN, GUY DO NOT WRITE 27 NIMROD CIR NICEVILLE, FL 32578 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE.

(NOTE: Registered Agent signature required when reinstating)

TITLE

NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Filing Fee is \$50.00 Due by May 1, 2007

MANAGING MEMBERS/MANAGERS MGR TITLE NAME BABIN, GUY STREET ADDRESS 27 NIMROD CIR CITY-ST-ZIP NICEVILLE, FL 32578 TITI F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

000000673263 03/29/07-80022-014 55.00

DATE

Applied For

Not Applicable

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR BENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Davtime Phone #